- the symptomatology and clinical outcome of patients with general features of hypoxic encephalopathy that may be seen in EEG include: anoxic brain damage depend on the severity & duration (i) presence of theta activity of oxygen deprivation to the brain EEG (ii) diffuse slowing (iii) burst suppression (seen with more severe forms) hypoxic (iv) alpha coma (seen with more severe forms) - clinical predictors of unfavourable prognosis in anoxic coma include: brain (i) time interval of greater than 8 minutes until initiation of CPR injury (ii) duration of CPR >30 minutes before ROSC evoked outcome - visual, brainstem and somatosensory evoked potentials test the integrity (iii) duration of post-anoxic coma of >72hrs of neuroanatomical pathways within the brainstem and spinal cord potentials predictors (iv) absence of pupillary responses on day 3 (v) motor response of extension or absent response on day 3 (vi) myoclonic jerks

- cardiac arrest is the 3rd leading cause of coma resulting in ICU admission after trauma and drug overdose